

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AS</i>		<i>03/07/00</i>
O.I.P.E. CLASSIFIER		<i>71090</i>	<i>3/15/00</i>
FORMALITY REVIEW			<i>4/20/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	4/22/04
2	✓	✓	6/14/03
3	✓	✓	11/12/03
4	✓	✓	7/7/04
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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